



Please type a plus sign (+) inside this box →

Approved for use through 08/30/03. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

1616  
B

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/822,952
		Filing Date	March 30, 2001
		First Named Inventor	Charles David Claude
		Group Art Unit	1616
		Examiner Name	Konata M. George
Total Number of Pages in This Submission (excluding references)	3	Attorney Docket Number	50623.169

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Postage Paid Return Postcard	<input checked="" type="checkbox"/> Drawing(s) Formal 1 Sheet with Submission of Drawings Transmittal	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Response	<input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate)	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Submission of Formal Drawings	<input type="checkbox"/> Request for Continued Examination Transmittal (RCE)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Request for Status of Application
<input type="checkbox"/> Petition for Extension of Time (month) (in duplicate)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and ___ References	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Express Mail Label No.	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Cameron K. Kerrigan, Reg. No. 44,826
Signature	
Date	March 24, 2004

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: March 24, 2003

Typed or printed name	Rebecca M. Klits
Signature	
Date	March 24, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Examiner: Konata M. George

Charles David Claude

Serial No.: 09/822,952

Art Unit: 1616

Filed: March 30, 2001

Title: Controlled Morphologies In Polymer Drug For Release Of Drugs From Polymer Films

Attention: Official Draftsperson  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## SUBMISSION OF FORMAL DRAWINGS

Dear Official Draftsperson:

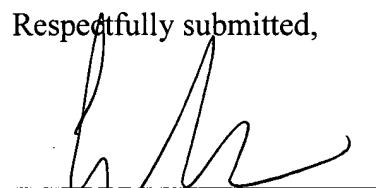
Applicants submit herewith for filing one sheet of formal drawings consisting of Figures 1, 2, 3a, 3b, and 3c, for the above-referenced application.

The Commissioner is hereby authorized to charge payment for any deficiency of required fees associated with this communication to Deposit Account 07-1850.

Date: March 24, 2004

SQUIRE, SANDERS & DEMPSEY L.L.P.  
One Maritime Plaza, Suite 300  
San Francisco, CA 94111  
Telephone (415) 954-0200  
Facsimile (415) 393-9887

Respectfully submitted,



Cameron K. Kerigan  
Attorney for Applicant  
Registration No. 44,826